



KENTUCKY BOARD OF LICENSURE AND CERTIFICATION FOR DIETITIANS AND NUTRITIONISTS

APPLICATION FOR LICENSURE/CERTIFICATION

(Please print or type all information)

Type of Licensure/Certification for which you are applying: (check appropriate space)

	<input type="checkbox"/>	<u>Application Fee</u>
Licensed Dietitian	<input type="checkbox"/>	\$ 50.00
Certified Nutritionist	<input type="checkbox"/>	\$ 50.00
Dual Licensure/Certification	<input type="checkbox"/>	\$100.00

GENERAL INFORMATION

1. Name: _____

Last
First
Middle
2. Social Security No: ____/____/____
3. Date of Birth: ____/____/____

Mo
Day
Yr.
4. Home Address: _____

Street
City
State
Zip
5. Business Name: _____
6. Business Address: _____

Street
City
State
Zip
7. Home Phone: () _____ - _____ Business Phone: () _____ - _____
8. Do you currently hold a valid registration as a "Registered Dietitian"? ☐Yes ☐No
 If yes, Registration Number: _____ Expiration Date: _____
9. Do you have or have you ever had licensure or certification in another state or jurisdiction? ☐Yes ☐No
 State: _____
10. Have you ever made application and failed to receive a license or certificate in any state?
☐Yes ☐No If yes, give reason application was denied: _____

11. Has your license or certificate ever been suspended or revoked in this or any other jurisdiction? ☐Yes ☐No
 If yes, give details: _____

12. Have you ever been convicted of a felony? ☐Yes ☐No If yes, explain: _____

13. Have you ever been convicted of any crime related to your practice of dietetics or nutrition? ☐Yes ☐No
 If yes, explain: _____

14. Are you a member of the military? N/A _____ Active _____ Reserve _____ National Guard _____

EDUCATION (KRS 310.010, Section A)

School	Name and Location	Dates Attended		Date of Graduation		Credit Hours	Degrees Obtained
		To	From	Month	Year		
Undergraduate							
Graduate							

NOTE:

Applicants for certified nutritionist must submit a certified copy of the official transcript of masters degree (or higher). The transcript may be enclosed with the application or mailed directly to the Board office. Application cannot be reviewed until the necessary transcript(s) have been received.

Applicants for dietitian are required to enclose a copy of current registration card issued by the Commission on Dietetic Registration or a letter indicating successful completion of the Registration Examination. American Dietetic Association membership cards are not acceptable.

APPLICANTS AFFIDAVIT

I DO HEREBY AFFIRM THAT ALL STATEMENTS MADE HERewith ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. FURTHERMORE, I VOLUNTARILY CONSENT TO A THOROUGH INVESTIGATION OF MY PRESENT AND PAST EMPLOYMENT AND OTHER ACTIVITIES FOR THE PURPOSE OF VERIFYING MY QUALIFICATION FOR LICENSURE/CERTIFICATION. IN ADDITION, I AGREE TO FURNISH THE BOARD WITH ANY INFORMATION WHICH MAY SUBSEQUENTLY BE REQUESTED FOR THE PURPOSE OF VERIFYING MY QUALIFICATIONS.

Signature: _____ **Date:** _____

Application, along with a check, made payable to **THE KENTUCKY STATE TREASURER** should be sent to:

The Kentucky Board of Licensure and Certification for Dietitians and Nutritionists
P.O. Box 1360
Frankfort, KY 40602

DO NOT WRITE BELOW THIS LINE – FOR BOARD USE ONLY

Board Review Date: _____ Approved: _____ Denied: _____ Deferred: _____

Comments: _____

First Review Initials: (1) _____ (2) _____

Second Review Initials: (1) _____ (2) _____

STATE OF KENTUCKY
OFFICE OF OCCUPATIONS AND PROFESSIONS
911 LEAWOOD DRIVE
FRANKFORT, KY 40601
(Phone) 502-564-3296, ext. 222 (Fax) 502-564-4818 vickie.logan@ky.gov
KENTUCKY BOARD OF LICENSURE AND CERTIFICATION
FOR DIETITIANS AND NUTRITIONISTS

Complete Part 1 of this form and mail to each state in which you hold or have held a license. (You are authorized to photocopy the form). Please note that some states may charge a fee for reporting this information.

VERIFICATION OF LICENSURE IN OTHER JURSDICTIONS

PART 1 –APPLICANT MUST COMPLETE

I am applying for a Dietitian/Nutritionist license in Kentucky. I was granted licensure/certification in the State of _____. My license number is _____. The Kentucky Board of Dietitian/Nutritionist requires that I submit verification that my licensure/certification is in good standing. You are hereby authorized to release any information in your files, favorable or otherwise, directly to the Kentucky Board.

Name (Please Print): _____

Signature: _____

PART II – MUST BE COMPLETED BY STATE BOARD AND
SUBMITTED WITH COPY OF LAW, RULES, AND REGULATIONS

Name: _____

Certification/License Number: _____

Date Issued: _____ Expiration Date: _____

Licensed By: ☐ Exam ☐ Education

Do you show any derogatory information? ☐ Yes ☐ No

Has this licensee been disciplined by your board? ☐ Yes ☐ No

If yes, please explain fully on separate sheet and attach all related documentation.

Signature and Title

Date

Board Seal

State Board: Please return this form to:

Kentucky Board of Licensure and Certification for Dietitians and Nutritionists

P.O. Box 1360

Frankfort, KY 40601